4		1	CLAIMS AS FILED -	PADT (
•	•		(Cotumn 1)			10/010,689
		FOR		(Column 2)	SMALL ENTIT	OR OTHER THAN
		8ASIC FEE (37, OFR 1.16(a))	NUMBER FILEO	NUMBER EXTR	.	OR OTHER THAI
•	رړ :	I TOTAL CLAUGE	+		RATE FE	E
		(37 OFR 1.16(c)) INDEPENDENT CLAIMS	minus 20 =	1.		RATE FR
		(37 CFR 1.16(b))			_ x s 25 =	OR s
			minus 3 =	•	1 100	OR x s 50.
		MULTIPLE DEPENDENT C	LAIMPRESENT (37 CF	R 1.16(d)	× 5 100=	200
		· II the difference in colum	n I Isless (nan zero, enler 10		1 +5.180	
	- 1		ress than zero, enter 10	in columi 2.	TOTAL	OR +300
	- 1	CLAIN	IS AS AMENDED — PA	\RT II	·	OR TOTAL
	- 1		lluma 11			
	- 1		LAIMS	Column 2). (Column	3)	
•	- 1		MANUNC HIS	GHEST MBER PRESEN	SMALL ENTITY	OR OTHER THAN
	. 1	WILL AME	NOMENT PRE	VIOUSIY EVIOR	T RATE ADDI-	SMALL ENTITY
		O DI CFR 1.16(cf)	Minus	D FOR	TIONAL	RATE ADD
	- 1	U (31 OFR 1.16(b))	Minus	7	x,25. FEE	- TIONL
		3	4	1-1-		OR x 5 50 = FEI
	-	FIRST PRESENTATION O	F MULTIPLE DEPENDENT COM		x s_100	
	-			M (37 CFR 1.16(d))] +s 180.	OR x s 200
	-1				TOTAL	OR (+5360)
	.1-	(Colum		umn 2) (Column 3)	ADD'L FEE	OR ADO'L FEE
	a	6-27.67 REMA	INING HIGH	EST) [WOOLLEE TO
	AMENDMENT	AFT AMENO	ED I NUM	BER PRESENT DUSLY EXTRA	RATE ADD	
	8	Total (Sp. 1.160)) . Minus 2	FOR	TIONAL	RATE ADDI
		Independent . W			x s 25.	TIONU.
	₹	7	Minus	[=		OR x 5 50 FEE
	-	FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.16)			× s 100 =	OR × 5 200
	ŀ		The contract of the contract o	(37 CFR 1.16(d))	+s180=	
]				TOTAL	OR +360
		(Column	(Colum	n 2) (O.)	ADO L FEE	OR ADD'T FEE
	5	CLAIN REMAIN	HIGHE	ST		
- 1		AMENOM	a I HOMBE	R PRESENT	RATE ADDI.	
- 1	3	Total	Minus PAID FO	DR	TIONAL	RATE ADDI-
- 1	ENDMENT	Independent (IT CFR 1.15(b))			x s 25	TIONAL
- 1	≥ŀ		Minus	=		OR x 50
-		FIRST PRESENTATION OF MU	LTIPLE DEPENDENT COMM (S		x 5 100	DR × 5 200
1			- CHOCKIT COOK (S	31 CFR 1.16(d)1	+s180.	<u> </u>
- 1	•	If the entry in column 1 is to			TOTAL	DR + ,360.
1	• • • • •	If the "Highest Number Previ	s than the entry in column 2, ously Paid For IN THIS SPA	write "0" in column 3.	ADD'L FEE	OR ADD'L FEE
Ļ		the Highest Number Previously Paid For IN THIS SPACE Is less than 20, enter 20.				
The Highest Number Previously Paid For INTHIS SPACE is less than 20, enter '20'. The Highest Number Previously Paid For INTHIS SPACE is less than 3, enter '30'. This collection of information is required by 37 CFR 1.16. The knormation is required to obtain or retain a benefit by the public which is to file (and b) USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take '12 minutes to including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any command Trademark Office, U.S. Department of Commetce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO It you need assistance in completing the form call 1.160.						
						in column 1.
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~(YUKES	S. SEND TO: Commission	er for Palents P.O. Box I	150. Alexandria. VA 22	his burden, should be sent to the C	the individual case. Any comments
•						PR COMPLETED FORMS TO
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					4 c i E C I OD (100 2	

If you need assistance in completing the form, call 1-800-P [O.9199 and select option 2